

EXPORT-IMPORT BANK OF THE UNITED STATES
APPLICATION FOR
EXPORT CREDIT INSURANCE UMBRELLA POLICY
(Please Print or Type)

Date: _____
App.No.: _____
(Ex-Im Bank use only)

1. Applicant Name & Address

2. Broker Name & Number

<p>Attn.: _____ Tel No.: _____ Fax No.: _____ E-Mail: _____</p>	<p>(If none, state "None") Brokerage: _____ Broker Number: _____ Attn.: _____ Tel No.: _____ Fax No.: _____ E-Mail: _____</p>
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3. a. Please specify business activities:

- ☐ Bank
☐ EMC/ETC
☐ Insurance Broker
☐ Accounting Firm

- ☐ State Government Organization
☐ Trade Organization
☐ Freight Forwarder
☐ Other _____

b. Legally formed as a _____ on _____ in _____
(Type) (Date) (State)

c. Total number of permanent employees: _____

d. Number of years your organization has been involved in export related activities: _____

e. Tax ID #: _____ f. DUNS #: _____ g. Congressional District: _____

4. a. In your organization, name the individuals who will be responsible for administering the Export Credit Insurance Umbrella Policy.

Name: _____

Name: _____

Title: _____

Title: _____

5. Has your organization ever held an Export-Import Bank of the United States (Ex-Im Bank) policy or acted as a business finder, consultant, buyer or seller representative for any transaction insured under an Ex-Im Bank policy? ☐ Yes ☐ No

If yes, please give the names of the 4 most recent policyholders and the policy numbers:

Holder: _____

Number: _____

Holder: _____

Number: _____

Holder: _____

Number: _____

Holder: _____

Number: _____

6. Please list any individual/institution owning 20% or more of your organization:

7. If your organization has subsidiaries or affiliates involved in export activities, please list their names and addresses: Name Address

8. List two bank references and two business references, including officer to contact, and telephone number:

<u>Organization</u>	<u>Contact</u>	<u>Phone Number</u>
1) _____	_____	_____
2) _____	_____	_____
1) _____	_____	_____
2) _____	_____	_____

9. Please list the name of each exporter you anticipate will be an insured under this policy. If none are known at this time, indicate "None".

10. Does your organization currently have a fidelity bond and an errors and omissions insurance policy?
(Check the appropriate box(es) if yes.)

☐ Fidelity Bond - Issuer: _____

Limits of Liability: _____

☐ Errors and Omissions Policy - Issuer: _____

Limits of Liability: _____

Issuance of an Export Credit Insurance Umbrella Policy will be contingent upon both being in force for the life of the policy

11. Please attach the following information:

- Financial statements for the last three years, audited if available; if not audited, signed by an officer
- Recent (within 6 months) credit agency report on your organization. If unavailable, please attach a check for \$35.00 payable to Ex-Im Bank.
- Descriptive brochures or advertising materials.
- Resumes on individuals named in question number 4 (see Resume Form attached).
- Any other information that you would like to have considered when evaluating this application.
- Any completed Insured Exporter Applications for companies mentioned in question number 9.

12. **For applications submitted prior to January 1, 2000 submit an Ex-Im Bank Y2K survey.**

13. AGREEMENTS OF THE ADMINISTRATOR In submitting this application your organization certifies that:

- It is organized and exists under the laws of the United States or any jurisdiction thereunder;
- It will undertake to carry on its business with due care and in full compliance with the laws of the United States and with the state and local laws and regulations governing the area in which the applicant is resident;
- It will conduct its business from the address listed in question number 1 of this application, and will provide notification within 10 days of any change of its business address;
- It will provide notification within 10 days if the person responsible for administration of its Export Credit Insurance Trade Association policy and listed in question number 4a of this application change;

- e. It will obtain and maintain errors and omissions insurance covering the performance of its duties and responsibilities under its Export Credit Insurance Trade Association Policy.
- f. The undersigned declares that it is not currently, nor has it been within the preceding three years: (1) debarred, suspended or declared ineligible from participating in any Federal transaction; or (2) formally proposed for debarment, with a final determination still pending; (3) voluntarily excluded from participation in a Federal transaction; or (4) indicted, convicted or had a civil judgement rendered against it for any of the offenses listed in the Regulations governing Debarment and Suspension (Governmentwide Nonprocurement Debarment and Suspension Regulations; Common Rule).
- g. The undersigned states, to the best of his or her knowledge and belief, that if any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of a Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. If Form-LLL is necessary, it may be obtained from Ex-Im Bank. This certification does not apply to commissions paid by Ex-Im Bank to insurance brokers.
- h. The applicant certifies that it is not delinquent on any amounts due and owing to the U.S. Government or its agencies or instrumentalities as of the date of this application.
- i. The representations made and the facts stated by it in this application are true to the best of its knowledge and belief, and it has not misrepresented or omitted any material facts relevant to the representations. The applicant agrees that such representations and facts shall form the basis of and be incorporated in the Policy, if issued, and that the truth of such representations and facts and the due performance of each and every undertaking contained herein above shall be condition precedent to any liability of Ex-Im Bank thereunder. The applicant further understands that this certification is subject to the penalties for fraud provided in Article 18, United States Code, Section 1001.
- j. The Paperwork Reduction Act. Article 5, Code of Federal Regulations Section 1320.8(b)(3) requires Ex-Im to advise applicants: (1) the information collected in this application is **necessary to determine the eligibility** of the request. (2) the information collected will be analysed to **determine the ability** of the participants to perform the transaction and pay for it. (3) **public burden** reporting for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send **comments** regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503. (4) Ex-Im requires responses to the questions in this application under the **authority** of the Export-Import Bank Act of 1945. (5) the information collected will be held **confidential** subject to the Freedom of Information Act Article 5, United States Code, Section 552. (6) Ex-Im may not require the information requested in this application and applicants are not required to respond unless a currently valid OMB control number is displayed on the form (see upper right of each page).

This document will be a material basis for the approval of any entity or person as an Administrator of the Export Credit Insurance Umbrella Policy. Any misrepresentation herein is grounds for immediate disqualification of an approved Administrator. Other information, including, but not limited to, interviews and visits to your offices, may be requested.

As an Administrator you will be administering export credit insurance coverage for various insureds and dealing directly with Ex-Im Bank on the insureds' behalf. Many states regulate, through licensing or otherwise, the persons, firms, associations and corporations which handle insurance matters for others. You may wish to review your status as an Administrator under applicable state law(s) before submitting this application for an Export Credit Insurance Umbrella Policy. If your application is approved, it will be for a one-year period only. Renewals may require additional information.

By (Signature)

Print Name and Title

Send, or ask your insurance broker or city/state participant to review and send, this application to
Ex-Im Bank, 811 Vermont Avenue, NW, Washington, D.C. 20571 or an Ex-Im Regional Office.

The Ex-Im Bank website is <<http://www.exim.gov>>

EXPORT-IMPORT BANK OF THE UNITED STATES
Attachment to Umbrella Policy Application
To be filled out for each individual named in Question 4a.
RESUME FORM

Name: _____

Title or Position: _____

Number of years with your organization: _____

Full description of job functions including administering the policy:

Administrative experience: _____

Export-related experience including any previous experience with Ex-Im Bank: _____

Educational background: _____

